

**LD8000108119**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

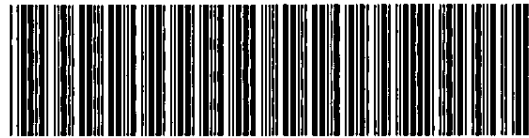
Special Instructions to Filing Officer:

**L. SELLERS**

**JAN 18 2012**

**EXAMINER**

Office Use Only



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01/17/12--01051--017 \*\*25.00

**FILED**  
12 JAN 17 PM 2:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Zoom TV Products, LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michelle Lacerte

Name of Person

Zoom TV Products, LLC

Firm/Company

50 NE 26th Avenue, Ste 404

Address

Pompano Beach, FL 33062

City/State and Zip Code

michelle@zoomtvproducts.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michelle Lacerte

Name of Person

at ( 561 )

347-9001

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**



\$25 Filing Fee



\$55 Filing Fee & Certified Copy

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY**

*Pursuant to the provisions of sections 608.06 or 608.08, Florida Statutes, this limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.*

1. Name of the limited liability company: Zoom TV Products, LLC

2. (a) Principal office address of limited liability company: 50 NE 26th Avenue, Ste 404

**(Note: MUST BE STREET ADDRESS)**

Pompano Beach, FL 33062

(b) Mailing address of limited liability company: 50 NE 26th Avenue, Ste 404

**(Note: MAY BE POST OFFICE BOX)**

Pompano Beach, FL 33062

12-29-2011  
3. Date of filing/registration in Florida

L08000108119  
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: \_\_\_\_\_

Registered Office Address: \_\_\_\_\_

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW** Registered Agent: \_\_\_\_\_

**NEW** Registered Office Address: \_\_\_\_\_

**(MUST BE FLORIDA STREET ADDRESS)**

\_\_\_\_\_, FL \_\_\_\_\_

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Tina Cammarano  
Signature of a member or authorized representative of a member

Tina Cammarano  
Printed or typed name of signee

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

\_\_\_\_\_  
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32316

FILING FEE: \$25.00

FILED  
DEC 29 17 PM 2:56  
TALLAHASSEE, FLORIDA